

# PATIENT TRANSFER AND TRANSPORTATION

## PURPOSE

To provide guidance regarding the movement of injured patients from non-trauma facilities to trauma facilities and from one level of trauma facility to a different level of trauma facility and to review the availability of transportation for those purposes.

## RELATED POLICIES

Interfacility Transfer, #GPC5; EMS Aircraft, #5100; Trauma Re-Triage, Adult and Pediatric, #4606A and #4606B;

## DEFINITIONS

- A. *Non-trauma facilities* are acute care facilities not holding a trauma center designation.
- B. *Trauma facilities* are acute care facilities holding a trauma center designation of Level I, Level II, Level III or EDAT.

## POLICY

- A. All acute care facilities in Marin County, as part of an inclusive trauma system, will provide care to injured patients and participate in the Trauma System Plan.
- B. Prehospital care personnel will evaluate trauma patients on initial contact and determine the appropriate destination based on the apparent severity of the injury, the location of the patient, the time to transport to definitive care and the availability of transport resources related to the location of the appropriate facility.
- C. Patient transfer may be accomplished in one of the following ways:
  - 1. Transfer from a non-trauma facility to a trauma facility. To facilitate this type of patient transfer, a rapid re-triage for adults and pediatrics patients may be used (see 4606 A and B);
  - 2. Transfer from a trauma facility to a trauma facility with a higher level designation 4606 A and B may be used to identify the types of patients which may benefit from the transfer;
  - 3. Transfer after stabilization and initial care (per EMTALA regulations) to a like facility of the patient's choosing;
  - 4. Transfer after definitive care (per EMTALA regulations) to a non-trauma facility for on-going care. The transfer of patients from one facility to another must be based upon medical treatment decisions and not in whole or in part on the patient's financial or social status or their ability to pay for care or services. Decisions to transfer the patient at their request or the request of their insurer must, at all times, be made in a manner consistent with good medical practice.
- E. As the lead agency, the Marin County EMS Agency will initiate and maintain contracts with Level I, Level II and specialty care facilities on behalf of the Marin County Trauma System Plan.
  - 1. All contracts arranging for care of patients injured in Marin County will include provisions for the establishment of transfer guidelines indicating the type of patients or injuries anticipated to be transferred under the terms of the agreement.
  - 2. Marin County facilities are required to have transfer agreements and to specify the type of patient or injury to be transferred under the terms of the agreement.

3. Additional transfer agreements must include provisions assuring that required trauma data is provided to the transferring facility to complete data collection and quality improvement processes.
- F. In all instances of patient transfer, it is the responsibility of the transferring facility to assure the following:
1. That the transfers occur in accordance with all state and federal laws and regulations;
  2. That all pertinent patient records are transferred with the patient;
  3. That the receiving facility and receiving physician have accepted the patient;
  4. That the method of transfer is appropriate to the needs of the patient at the time that the transfer occurs; and
  5. Arranging appropriate transportation for the patient
- G. If expected patient care is within Paramedic Scope of Practice and timely transfer is needed, contact 9-1-1 to request *Emergency Interfacility Transfer*. If expected patient care exceeds Paramedic Scope of Practice, contact appropriate transport agencies (CCT Transport) or arrange for nursing staff and/or MD to accompany paramedic or EMT during transport to the receiving facility.
1. Patients being transferred should receive, during the transport, a level of care and attention equivalent to the level of care necessary before and following the transfer.
  2. Level of care refers to the type of equipment and supplies needed and to the level of expertise of caregivers.